IN THE CLAIMS:

1-21. (Canceled)

22. (Currently Amended) A method for providing, without using a patient tracker, a patient-specific pelvic coordinate system from a single near AP intra-operative image of the patient, said method comprising:

forming a single intra-operative fluoroscopic image of the patient's pelvis in the near AP direction using an x-ray source;

defining first and second landmarks on anatomically separated regions of said pelvis on said image, said landmarks being separated from each other in at least an anterior-posterior direction;

determining the transaxial displacement of said landmarks on said image;

determining the axial displacement of said landmarks on said image;

calculating by a processor the axial rotation of the pelvis using the transaxial displacement as a measure of the axial rotation of said pelvis with respect to the plane of said image, and

calculating by a processor the transaxial rotation of the pelvis using said axial displacement as a measure of the transaxial rotation of said pelvis with the respect to the plane of said image.

23. (Previously Presented) The method of claim 22 in which the axial rotation of the pelvis is calculated as a function of the transaxial displacement and the distance between the x-ray source and the image plane.

24. (Previously Presented) The method according to claim 22 wherein said first landmark comprises the image point of the public symphysis.

25. (Previously Presented) The method according to claim to claim 22 wherein the second landmark comprises the midpoint of a line between corresponding points on said image of the left and right sacroiliac joints.

26. (Previously Presented) The method according to claim 22 wherein said displacements are normalized with respect to the separation between a further pair of landmarks on the pelvis.

27. (Previously Presented) The method according to claim 26 wherein said further pair of landmarks comprises the left and right teardrops.